Please type a plus sig		IIS Patent and Trademore	PTO/S8/81 (02-01) for use through 10/31/2002 OMB 0651-0035 c Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduc	ction Act of 1995, no persons are required to re	spond to a collection of informatio	n unless it display a valid OMB control number.
(Application Number	
		Filing Date	
		First Named Inventor	SMITH, Carlo
POWER C	F ATTORNEY OR	Title	CISK EXTRACTOR APPARATUS AND METHOD
AUTHORIZ	ATION OF AGENT	Group Art Unit	
		Examiner Name	
(DD-P0010
		Attorney Docket Number	22.30.0
OR	ers at Customer Number er(s) named below:	36067	Place Customer Number Bar Code Label here
├	Name	Re	gistration Number
as my/our attorne business in the U	ey(s) or agent(s) to prosecute the Inited States Patent and Tradema	application identified ab	ove, and to transact all rewith.
The above-n	e correspondence address for the nentioned Customer Number. s at Customer Number	e above-identified applic	Place Customer Number Bar Code Label here
Firm or Individual Nan	ne		
Address			
Address			
City		State	Zip
Country		Jointe	
Telephone		Fax	
I am the: ☑ Applicant/ ☐ Assignee	Inventor. of record of the entire interest. So t under 37 CFR 3.73(b) is enclose	ee 37 CFR 3.71.	
		ant or Assignee of Recor	Al .
Name	Les Kollegian	ant of Assignee of Recor	ů .
Signature	1	-	
Date	4/9/04		
		a antiro interpet or their re-	entative(s) are required. Submit multiple
forms if more than one sign	ne inventors or assignees of record of the gnature is required, see below*.	o ortuno interest or their repres	ernanve(s) are required. Submit multiple

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer. U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

· · · · · · · · · · · · · · · · · · ·	Please type a p	nus sign (+	-) inside t	his box		
---------------------------------------	-----------------	-------------	-------------	---------	---------	--

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if display alvaid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	SMITH, Carlo
Title	DISK EXTRACTOR APPARATUS AND METHOD
Group Art Unit	
Examiner Name	
Attorney Docket Number	DD-P0010

l hereby appoir	nt:			
OR	ers at Customer Number 36067		Place Customer Number Bar Code Label here	
			Registration Number	
as my/our attorne business in the U	ey(s) or agent(s) to prosecute the application inited States Patent and Trademark Office or	identified ab onnected the	pove, and to transact all grewith.	
The above-n	e correspondence address for the above-idenentioned Customer Number. at Customer Number		Piace Customer Number Bar Code Label here	
Firm or Individual Nan	ne			
Address				
Address		y		
City		State	Zip	
Country Telephone				
I am the: ☑ Applicant/ ☐ Assignee	Inventor. of record of the entire interest. See 37 CFR : t under 37 CFR 3.73(b) is enclosed. (Form F			
	SIGNATURE of Applicant or Assig	nee of Recor	·d	
Name	Carlo Smith			
Signature	D25			
Date (019150		·	
NOTE: Signatures of all the	he joventors or assignees of record of the entire interesting	st or their repres	sentative(s) are required. Submit multiple	
Total of	forms are submitted.		,	